MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-034825

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4644

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150	42	
3			
4	0		
5	1		
6			
7	1		
8	2		
9	5711		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH — FILED SEP 24 1962
   a. COUNTY: Jackson
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
   Length of stay in 1b: 4 months
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Walnut Nursing Home 3522 Walnut, KCMo
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Kansas b. COUNTY: Wyandotte
   c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 31 S. Valley Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle FREDERICK Last JONSCHER

4. DATE OF DEATH: Month, Day, Year: September 10, 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-10-1883

9. AGE (last birthday): 79
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter

10b. KIND OF BUSINESS OR INDUSTRY: Oil refinery

11. BIRTHPLACE (City and state or country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U.S. A.

13a. FATHER'S NAME: Otto Jonscher

13b. MOTHER'S MAIDEN NAME: Sally

14. NAME OF HUSBAND OR WIFE: Helen L. Jonscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Helen L. Jonscher, 31 S. Valley, KCK

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac decompensation.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Epidemic gastro enteritis	3 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-2-58 to 9-10-62 and last saw her him alive on 8-28-62

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Philip De Reuster MD

22b. ADDRESS: 518 Argyle Building

22c. DATE SIGNED: 9-11-62

Philip De Reuster

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Sep. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Matt Skradski Skradski Funeral Home, K.C.K.

25. DATE RECD. BY LOCAL REG.: 9-11-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mat Schneider

Licensed Embalmer No. 4382

P. O. Address K. C. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr Phillip Davitt
Argyle Bldg